

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157113		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/28/2012	
NAME OF PROVIDER OR SUPPLIER INDIANA HOME CARE PLUS				STREET ADDRESS, CITY, STATE, ZIP CODE 300 N WASHINGTON CRAWFORDSVILLE, IN 47933			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	<p>INITIAL COMMENTS</p> <p>This visit was a home health federal recertification survey that resulted in an extended survey.</p> <p>Survey dates: March 22, 23, 26, 27, and 28, 2012 Partially extended date: March 26, 2012 Fully Extended Date: March 27, 2012</p> <p>Facility #005304</p> <p>Medicaid Vendor: # 100263820A</p> <p>Surveyors: Bridget Boston, RN, PHNS - team leader Dawn Snider, RN, PHNS - team member Tonya Tucker, RN, PHNS - team member</p> <p>Previous years Census Service Type: Skilled: 638 Home Health Only: 29 Personal Care Only: 14 Total: 681</p> <p>Sample: Record review with a home visit: 6 Record review with out a home visit: 7 Total record reviews: 13</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 5, 2012</p> <p>This survey was modified as the result of an IDR 5/23/12. je</p>			G 000			
G 108	484.10(c)(1) RIGHT TO BE INFORMED AND PARTICIPATE			G 108			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 108	Continued From page 1 The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished. The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished. The HHA must advise the patient in advance of any change in the plan of care before the change is made. This STANDARD is not met as evidenced by: Based on clinical record review, the agency failed to ensure the patient was informed of the frequency of visits and the care to be furnished for 1 of 12 records reviewed (#12). Findings include: Clinical record #12, start of care 12/5/11, failed to include documentation the patient had been informed of the frequency of visits or the care to be furnished.			G 108			
G 113	484.10(e)(1) PATIENT LIABILITY FOR PAYMENT The patient has the right to be advised, before care is initiated, of the extent to which payment for the HHA services may be expected from Medicare or other sources, and the extent to which payment may be required from the patient. This STANDARD is not met as evidenced by: Based on admission document, clinical record,			G 113			

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G 113	<p>Continued From page 2</p> <p>and policy review and interview, the agency failed to ensure the patient was clearly informed, prior to services, of the potential extent to which payment may be required from the patient and documentation was stored in the clinical record for 10 (#s 1, 2, 3, 4, 5, 7, 8, 9, 10, and 13) of 10 clinical records reviewed of patients which received services from the parent site in Crawfordsville and were admitted to the agency after 05/06/09.</p> <p>Findings include:</p> <p>1. Clinical record review # 1, start of care (SOC) 7/15/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 7/15/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>2. Clinical record review # 2, SOC 9/13/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 9/13/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p>			G 113			

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G 113	<p>Continued From page 3</p> <p>3. Clinical record review # 3, SOC 12/9/09, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 12/09/09 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>4. Clinical record 4, SOC 3/19/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 3/19/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>5. Clinical record # 5, SOC 3/19/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 3/19/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>6. Clinical record # 7, SOC 3/19/12, failed to evidence the patient was informed of any</p>			G 113			

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G 113	<p>Continued From page 4</p> <p>potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 3/19/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>7. Clinical record # 8, SOC 11/18/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 11/18/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>8. Clinical record # 9, SOC 11/21/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 11/21/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>9. Clinical record # 10, SOC 10/18/11, failed to evidence the patient was informed of any potential charges for the home health services.</p>			G 113			

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G 113	<p>Continued From page 5</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 10/18/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>10. Clinical record # 13, SOC 3/12/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 3/12/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>11. On 3/27/12 at 3:13 PM, the administrator indicated evidence patients were informed of the potential cost was not kept in the clinical record. She indicated the information was kept in a billing record which was in the billing office located at the Greencastle branch of the agency.</p> <p>12. On March 27, 2012, at 4 PM, the administrator delivered 10 documents titled "Home Care Coverage" for patients of the parent site, patients 1, 2, 3, 4, 5, 7, 8, 9, 10, and 13. She indicated the documents were faxed from the billing department located in the Greencastle Indiana branch. The documents evidenced the fax number, dated 3/27/2012, and the time of 15:18 across the top of the pages.</p> <p>13. The policy dated May 2003 titled "Admission"</p>			G 113			

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G 113	Continued From page 6 stated, "3.0 Policy / Procedure ... 3.3 during the initial evaluation / assessment, the admitting professional ... 3.3.2 Presents and explains to the patient and his / her representative, before the initiation of care ... 3.3.2.2 Service or financial agreement, any financial liability."			G 113			
G 114	<p>14. The policy dated May 206 titled "Patient Rights" stated, "3.2.2 provides the patient with home care coverage agreement and informs the patient about the extent to which payment for his / her services may be expected from Medicare / Medicaid, or any other federally funded program known to the agency. The charges for services that will not be covered by Medicare. Charges that the patient may have to pay. ... The admitting professional signs and dates the form and files it in the clinical record."</p> <p>484.10(e)(1(i-iii) PATIENT LIABILITY FOR PAYMENT</p> <p>Before the care is initiated, the HHA must inform the patient, orally and in writing, of: (i) The extent to which payment may be expected from Medicare, Medicaid, or any other Federally funded or aided program known to the HHA; (ii) The charges for services that will not be covered by Medicare; and (iii) The charges that the individual may have to pay.</p> <p>This STANDARD is not met as evidenced by: Based on admission document, clinical record, and policy review and interview, the agency failed to ensure the patient was clearly informed, prior to services, of the potential extent to which payment may be required from the patient and</p>			G 114			

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G 114	<p>Continued From page 7</p> <p>documentation was stored in the clinical record for 10 (#s 1, 2, 3, 4, 5, 7, 8, 9, 10, and 13) of 10 clinical records reviewed of patients which received services from the parent site in Crawfordsville and were admitted to the agency after 05/06/09.</p> <p>Findings include:</p> <p>1. Clinical record review # 1, start of care (SOC) 7/15/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 7/15/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>2. Clinical record review # 2, SOC 9/13/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 9/13/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>3. Clinical record review # 3, SOC 12/9/09, failed to evidence the patient was informed of any potential charges for the home health services.</p>			G 114			

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G 114	<p>Continued From page 8</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 12/09/09 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>4. Clinical record 4, SOC 3/19/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 3/19/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>5. Clinical record # 5, SOC 3/19/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 3/19/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>6. Clinical record # 7, SOC 3/19/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 3/19/12 and</p>			G 114			

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G 114	<p>Continued From page 9</p> <p>signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>7. Clinical record # 8, SOC 11/18/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 11/18/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>8. Clinical record # 9, SOC 11/21/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 11/21/11 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>9. Clinical record # 10, SOC 10/18/11, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 10/18/11 and signed by the patient. The document failed to evidence the patient was informed of any</p>			G 114			

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G 114	<p>Continued From page 10</p> <p>potential charges that the patient might be required to pay for the home health services provided.</p> <p>10. Clinical record # 13, SOC 3/12/12, failed to evidence the patient was informed of any potential charges for the home health services.</p> <p>The administrator evidenced a document titled "Home Care Coverage" dated 3/12/12 and signed by the patient. The document failed to evidence the patient was informed of any potential charges that the patient might be required to pay for the home health services provided.</p> <p>11. On 3/27/12 at 3:13 PM, the administrator indicated evidence patients were informed of the potential cost was not kept in the clinical record. She indicated the information was kept in a billing record which was in the billing office located at the Greencastle branch of the agency.</p> <p>12. On March 27, 2012, at 4 PM, the administrator delivered 10 documents titled "Home Care Coverage" for patients of the parent site, patients 1, 2, 3, 4, 5, 7, 8, 9, 10, and 13. She indicated the documents were faxed from the billing department located in the Greencastle Indiana branch. The documents evidenced the fax number, dated 3/27/2012, and the time of 15:18 across the top of the pages.</p> <p>13. The policy dated May 2003 titled "Admission" stated, "3.0 Policy / Procedure ... 3.3 during the initial evaluation / assessment, the admitting professional ... 3.3.2 Presents and explains to the patient and his / her representative, before</p>			G 114			

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G 114	Continued From page 11 the initiation of care ... 3.3.2.2 Service or financial agreement, any financial liability."			G 114			
G 121	<p>14. The policy dated May 2006 titled "Patient Rights" stated, "3.2.2 provides the patient with home care coverage agreement and informs the patient about the extent to which payment for his / her services may be expected from Medicare / Medicaid, or any other federally funded program known to the agency. The charges for services that will not be covered by Medicare. Charges that the patient may have to pay. ... The admitting professional signs and dates the form and files it in the clinical record."</p> <p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD</p> <p>The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and review of policy, the agency failed to ensure employees provided services in accordance with infection control policies and procedures for the Centers for Disease Control "Standard Precautions" in 2 (employees A and H) of 2 skilled nurse visits observed creating the potential for the transfer of disease causing organisms among the five patients to which the employee rendered care, the patients family members, and the staff that provided care to the patients and all the patients of the agency.</p> <p>The findings include:</p>			G 121			

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G 121	<p>Continued From page 12</p> <p>1. The Centers for Disease Control "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" states, " IV. Standard Precautions . . . IV.A. Hand Hygiene. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces . . . IV.A.3. Perform hand hygiene: . . . IV.A.3.b. After contact with excretions, mucous membranes, . . . IV.A.3.d. If hands will be moving from a contaminated body site to a clean body site during patient care."</p> <p>2. During home visit on 3/23/12 at 4 PM, employee H was observed to provide wound care to patient # 1. While preparing the supplies for wound care, she placed the unopened supplies directly onto the patient's bedspread without a barrier and when she performed wound care, she picked up the supplies from the bed spread and not a clean environment.</p> <p>3. During a home visit on 3/26/12 at 3 PM, employee A was observed to assess patient # 7, a post surgical coronary artery bypass graft patient of 14 days. Employee A assessed the patient's blood pressure and pulse, then she returned the cuff and stethoscope to a black zippered bag without decontaminating the items. She then was observed to palpate and touch the incision line with her bare hands. She had not decontaminated her hands prior to touching the 14 day old incision site.</p>			G 121			

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G 121	Continued From page 13 4. On 3/28/12 at 4:45 PM, the administrator indicated all the staff have been educated on proper infection control practices. She indicated the staff were to use alcohol wipes to clean their tools before placing them into their visit bag and in the case of gross contamination, they were to keep the soiled supplies separate from clean and decontaminate before use on another patient. She also indicated all staff are to place a barrier between their visit bag and the patients environment. She also indicated supervisory visits are conducted to monitor the infection control practices of their staff but she did not have the evidence to substantiate the monitoring. 5. The policy dated May 2003 titled "Competency and Supervision of Personnel" stated, "Purposes 1.1. Ensure that the practice of other personnel reflects compliance with 1.1.1 the professional standards specified in the conditions of participation and state Practice Acts. 1.1.2 Applicable federal, state., and local laws. ... The agency ensures that the other personnel are competent and proficient to perform the assigned duties." 6. The policy dated April 2004 titled "Infection Control" stated, "The agency designates the director of clinical services responsible for developing, implementing, and monitoring the infection control program, to ensure compliance with requirements. ... The agency uses the Centers for Disease Control (CDC) and Prevention's guidelines for prevention of infection with staff and with patient care. Cleaning and storage of equipment and supplies."			G 121			
G 123	484.14 ORGANIZATION, SERVICES & ADMINISTRATION			G 123			

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G 123	<p>Continued From page 14</p> <p>Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable.</p> <p>This STANDARD is not met as evidenced by: Based on interview and review of agency documents, the agency failed to ensure the organizational chart included all personnel providing services for the agency and the two branches were included in 1 of 1 organizational chart reviewed with the potential to affect all the agency's patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The agency's organizational chart failed to evidence the home health branches located in Greencastle and Rockville. 2. On March 22, 2012, at 1:55 PM, the administrator indicated the branch in Rockville was not an active site. She indicated staff use the building but there was not an active branch. 3. On March 26, 2012, at 9:15 AM, the administrator indicated she did not have a branch manager at the Greencastle site. She indicated she and her alternate administrator rotate and one of them is present for the day to day operation of the agency at the parent and the Greencastle site. 			G 123			

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G 123	Continued From page 15			G 123			
G 158	<p>4. On March 28, 2012, at 4:45 PM, the administrator indicated she was the primary person that ran the day to day operations at the primary site, and the alternate director of nursing ran the Greencastle branch day to day operations. She indicated they rotate through out the week and sometimes the sites reverse.</p> <p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>This STANDARD is not met as evidenced by: Based on policy and clinical record review, observation, and interview, the agency failed to ensure the care provided to the patient followed a physician ordered plan of care in 1 of 5 (patient 9) active clinical records reviewed of patients with orders for home health aide services creating the potential for treatment omission and patient harm to affect all the patients of the agency.</p> <p>Findings include:</p> <p>1. Clinical record #9, start of care 11/21/11 included a plan of care established by the physician for the certification period 3/20/12 through 5/18/12 with orders for a skilled nurse visit every 2 weeks to change a supra - pubic catheter. The plan of care failed to evidence the size catheter to be used for each change.</p> <p>A. During a home visit on 3/27/12 at 10:30 AM, patient #9 was observed in a hospital bed</p>			G 158			

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G 158	<p>Continued From page 16</p> <p>with half side rails up on both sides of the bed, an alternating low air loss mattress on the bed, an electric Hoyer lift, an electric wheelchair, a shower chair, and an elevated therapy mat. Employee E, a home health aide, indicated she used the electric Hoyer lift every other day, to move the patient from the bed to the electric wheelchair and to the therapy mat to assist the caregiver with the patient's exercises and utilized the shower chair every other day for bathing the patient. She indicated the Hoyer had been in the home for months, approximately October or November of 2011. Employee E also indicated that, at times, she and the caregiver pick up the patient, one arm and one leg each and carry the patient to the therapy mat for exercises. Employee E indicated she has never fed the patient. Only the patient's caregiver provides oral feedings. Employee E indicated she performs oral care every morning. She described the oral care provided by her for this patient. She produced pink oral swabs and a bottle of Biotene. She indicated she dips a swab into the Biotene liquid and then places it in the patient's mouth to allow the patient to suck the liquid from the swab. The employee said, "She swallows it." Employee E then read the back of the bottle out loud and stated, "It says to spit out."</p> <p>B. The plan of care beginning 3/20/12 failed to evidence orders for 1) the use of half side rails on the hospital bed; 2) the use of the Hoyer for transfers between surfaces; 3) the use of a shower chair; 4) an order for the aide to physically lift by means of a 2 man transfer with any individual; and 5) the aide to perform or assist any exercise program, the type of exercises - active or passive, independent or only with the</p>			G 158			

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G 158	Continued From page 17 assistance of another individual, the location, how often to be performed, and when to notify the nurse. C. The plan of care dated 3/20/12 stated the patient was on a regular diet. The comprehensive assessment dated 3/15/12 stated the patient was "NPO" and with "chewing / swallowing difficulties." 2. The policy dated May 2003 titled "Assignment of Personnel" stated, "For home health aide and / or personal care attendant services, the registered nurse evaluates the patient's needs and plan of care. ... The registered nurse or therapist prepares written instructions." 3. The policy dated April 2004 titled "Scope of Service" stated, "The agency provides home health aide services ... under the supervision of a registered nurse and in accordance with the plan of care."			G 158			
G 159	484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. This STANDARD is not met as evidenced by: Based on observation, interview, and clinical			G 159			

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G 159	<p>Continued From page 18</p> <p>record and agency policy review, the agency failed to ensure all patients had an individualized plan of care that included all of the required elements for 2 (# 9 and 11) of 5 active clinical records reviewed of patients that received home health aide services, creating the potential for treatment omission and patient harm for all the patients of the agency.</p> <p>The findings include:</p> <p>1. Clinical record #9, start of care 11/21/11 included a plan of care established by the physician for the certification period 3/20/12 through 5/18/12 with orders for a skilled nurse visit every 2 weeks to change a supra - pubic catheter. The plan of care failed to evidence the size catheter to be used for each change.</p> <p>A. During a home visit on 3/27/12 at 10:30 AM, patient #9 was observed in a hospital bed with half side rails up on both sides of the bed, an alternating low air loss mattress on the bed, an electric Hoyer lift, an electric wheelchair, a shower chair, and an elevated therapy mat. Employee E, a home health aide, indicated she used the electric Hoyer lift every other day, to move the patient from the bed to the electric wheelchair and to the therapy mat to assist the caregiver with the patient's exercises and utilized the shower chair every other day for bathing the patient. She indicated the Hoyer had been in the home for months, approximately October or November of 2011. Employee E also indicated that, at times, she and the caregiver pick up the patient, one arm and one leg each and carry the patient to the therapy mat for exercises. Employee E indicated she has never fed the</p>			G 159			

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G 159	<p>Continued From page 19</p> <p>patient. Only the patient's caregiver provides oral feedings. Employee E indicated she performs oral care every morning. She described the oral care provided by her for this patient. She produced pink oral swabs and a bottle of Biotene. She indicated she dips a swab into the Biotene liquid and then places it in the patient's mouth to allow the patient to suck the liquid from the swab. The employee said, "She swallows it." Employee E then read the back of the bottle out loud and stated, "It says to spit out."</p> <p>B. The plan of care beginning 3/20/12 failed to evidence orders for 1) the use of half side rails on the hospital bed; 2) the use of the Hoyer for transfers between surfaces; 3) the use of a shower chair; 4) an order for the aide to physically lift by means of a 2 man transfer with any individual; and 5) the aide to perform or assist any exercise program, the type of exercises - active or passive, independent or only with the assistance of another individual, the location, how often to be performed, and when to notify the nurse.</p> <p>C. The plan of care dated 3/20/12 stated the patient was on a regular diet. The comprehensive assessment dated 3/15/12 stated the patient was "NPO" and with "chewing / swallowing difficulties."</p> <p>2. The policy dated May 2003 titled "Assignment of Personnel" stated, "For home health aide and / or personal care attendant services, the registered nurse evaluates the patient's needs and plan of care. ... The registered nurse or therapist prepares written instructions."</p>			G 159			

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G 159	Continued From page 20 3. The policy dated April 2004 titled "Scope of Service" stated, "The agency provides home health aide services ... under the supervision of a registered nurse and in accordance with the plan of care." 4. Clinical record #11 included a plan of care for the certification period of 3/19/12-5/17/12 that failed to evidence the patient had a rolling walker and a personal life alert system. These items were observed in the patient's home 3/26/12 at 1:30 PM. The physical therapist wasked to the patient to the bathroom using the rolling walker. The patient was observed wearing a life alert system.			G 159			
G 175	484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse initiates appropriate preventative and rehabilitative nursing procedures. This STANDARD is not met as evidenced by: Based on clinical record and policy review and interview, the agency failed to ensure the registered nurse initiated appropriate preventative and rehabilitative procedures for the patient risks identified on the comprehensive assessment in 2 of 5 active clinical records reviewed with orders for home health aide services, creating the potential for treatment omission and patient harm for all the patients of the agency. Findings include: 1. Clinical record # 3, start of care 12/09/09, included a recertification comprehensive			G 175			

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G 175	<p>Continued From page 21</p> <p>assessment dated 1/24/12 completed by employee A. The assessment indicated that the patient was homebound due to unsteady gait and poor balance. The comprehensive assessment dated 3/23/12, completed by employee H, indicated that the patient was homebound due to unsteady gait and poor balance and needed assistance with bathing.</p> <p>A. The plan of care for the certification period dated 11/29/11 through 1/27/12 included orders for skilled nurse visits every other week and stated, "to assess safety of home environment. ... implement a falls prevention program."</p> <p>B. The plan of care for the certification period dated 1/28/12 through 3/27/12 included orders for skilled nurse visits every other week and stated, "to assess safety of home environment. ... implement a falls prevention program."</p> <p>C. During a home visit on 3/23/12 at 2:30 PM, employee J was observed to assist the patient transfer in and out of a standard tub and provide bathing assistance. The patient reached for assistance as turned self to transfer from the commode to the tub. During the transfer into and out of the tub, the patient reached to stabilize self and grabbed the toilet tank to assist self. The aide placed a standard folding chair into the tub for the patient to sit on during the shower. The tub was without any anti-slip devices, there were no grab bars in the bathroom, and the aide did not use a gait belt while assisting the patient during the transfers.</p> <p>D. The document dated 1/28/12 through 3/27/12 titled Home Health Aide Assignment"</p>			G 175			

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G 175	<p>Continued From page 22</p> <p>failed to evidence any instruction to the aide that addressed the identified unsteady gait and poor balance.</p> <p>E. On 3/28/12 at 4:45 PM, the administrator evidenced a case communication report dated 8/9/11 that stated, "Spoke at length with family during conference about need for DME in bathroom, family does not wish to spend money on shower seat, grab bars, etc. Called and informed SW [social worker] at VA [veterans administration] about need." She indicated there was no further information available.</p> <p>2. Clinical record #9, start of care 11/21/11, included a plan of care dated 3/20/12 with orders which state, "HHA [home health aide] to assist with personal care and transfers. Visits may last up to 8 hours Monday through Friday."</p> <p>A. During a home visit on 3/27/12 at 10:30 AM, patient #9 was observed in a hospital bed with half side rails up on both sides of the bed, an alternating low air loss mattress on the bed, an electric Hoyer lift, an electric wheelchair, a shower chair, and an elevated therapy mat. Employee E, a home health aide, indicated she used the electric Hoyer lift every other day, to move the patient from the bed to the electric wheelchair and to the therapy mat to assist the caregiver with the patient's exercises and utilized the shower chair every other day for bathing the patient. She indicated the Hoyer had been in the home for months, approximately October or November of 2011. Employee E also indicated that, at times, she and the caregiver pick up the patient, one arm and one leg each and carry the patient to the therapy mat for exercises.</p>			G 175			

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G 175	<p>Continued From page 23</p> <p>Employee E indicated she has never fed the patient. Only the patient's caregiver provides oral feedings. Employee E indicated she performs oral care every morning. She described the oral care provided by her for this patient. She produced pink oral swabs and a bottle of Biotene. She indicated she dips a swab into the Biotene liquid and then places it in the patient's mouth to allow the patient to suck the liquid from the swab. The employee said, "She swallows it." Employee E then read the back of the bottle out loud and stated, "It says to spit out."</p> <p>B. The plan of care beginning 3/20/12 failed to evidence orders for 1) the use of half side rails on the hospital bed; 2) the use of the Hoyer for transfers between surfaces; 3) the use of a shower chair; 4) an order for the aide to physically lift by means of a 2 man transfer with any individual; and 5) the aide to perform or assist any exercise program, the type of exercises - active or passive, independent or only with the assistance of another individual, the location, how often to be performed, and when to notify the nurse.</p> <p>C. The plan of care dated 3/20/12 stated the patient was on a regular diet. The comprehensive assessment dated 3/15/12 stated the patient was "NPO" and with "chewing / swallowing difficulties."</p> <p>D. The HHA assignment sheet dated 3/20/12 to 5/18/12 failed to evidence any instruction for transferring the patient between surfaces, the means to be used, mechanical or a lift by individuals and how many, the frequency of the transfers, any safety guidelines to prevent falls or</p>			G 175			

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G 175	Continued From page 24 injury to the patient and staff. The assignment evidenced instruction for the aide to "prepare and serve meals" to the NPO [nothing by mouth] patient. The assignment failed to evidence instruction for the use of Biotene and for the aide to offer it to the patient for the purpose of swallowing. 3. The policy dated May 2003 titled "Assignment of Personnel" stated, "For home health aide and / or personal care attendant services, the registered nurse evaluates the patient's needs and plan of care. ... The registered nurse or therapist prepares written instructions." 4. The policy dated April 2004 titled "Scope of Service" stated, "The agency provides home health aide services ... under the supervision of a registered nurse and in accordance with the plan of care."			G 175			
G 224	484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section. This STANDARD is not met as evidenced by: Based on policy and clinical record review, observation, and interview, the agency failed to ensure the registered nurse provided the home health aide with adequate and correct written instructions for the provision of the home health aide services and the services provided were ordered by the physician for 1 (9) of 5 active			G 224			

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G 224	<p>Continued From page 25</p> <p>patient records reviewed with orders for home health aide services, creating the potential for harm or imminent threat to all patients receiving agency services.</p> <p>The findings include:</p> <p>1. Clinical record #9, start of care 11/21/11, included a plan of care dated 3/20/12 with orders which state, "HHA [home health aide] to assist with personal care and transfers. Visits may last up to 8 hours Monday through Friday."</p> <p>A. During a home visit on 3/27/12 at 10:30 AM, patient #9 was observed in a hospital bed with half side rails up on both sides of the bed, an alternating low air loss mattress on the bed, an electric hoyer lift, an electric wheelchair, a shower chair, and an elevated therapy mat. Employee E, a home health aide, indicated she used the electric hoyer lift every other day, to move the patient from the bed to the electric wheelchair and to the therapy mat to assist the caregiver with the patient's exercises and utilized the shower chair every other day for bathing the patient. She indicated the hoyer had been in the home for months, approximately October or November of 2011. Employee E also indicated that, at times, she and the caregiver pick up the patient, one arm and one leg each and carry the patient to the therapy mat for exercises. Employee E indicated she has never fed the patient. Only the patient's caregiver provides oral feedings. Employee E indicated she performs oral care every morning. She described the oral care provided by her for this patient. She produced pink oral swabs and a bottle of Biotene. She indicated she dips a swab into the Biotene liquid and then places it in</p>			G 224			

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G 224	<p>Continued From page 26</p> <p>the patient's mouth to allow the patient to suck the liquid from the swab. The employee said, "She swallows it." Employee E then read the back of the bottle out loud and stated, "It says to spit out."</p> <p>B. The plan of care beginning 3/20/12 failed to evidence orders for 1) the use of half side rails on the hospital bed; 2) the use of the hoist for transfers between surfaces; 3) the use of a shower chair; 4) an order for the aide to physically lift by means of a 2 man transfer with any individual; and 5) the aide to perform or assist any exercise program, the type of exercises - active or passive, independent or only with the assistance of another individual, the location, how often to be performed, and when to notify the nurse.</p> <p>C. The plan of care dated 3/20/12 stated the patient was on a regular diet. The comprehensive assessment dated 3/15/12 stated the patient was "NPO" and with "chewing / swallowing difficulties."</p> <p>D. The HHA assignment sheet dated 3/20/12 to 5/18/12 failed to evidence any instruction for transferring the patient between surfaces, the means to be used, mechanical or a lift by individuals and how many, the frequency of the transfers, any safety guidelines to prevent falls or injury to the patient and staff. The assignment evidenced instruction for the aide to "prepare and serve meals" to the NPO [nothing by mouth] patient. The assignment failed to evidence instruction for the use of Biotene and for the aide to offer it to the patient for the purpose of swallowing.</p>			G 224			

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G 224	Continued From page 27			G 224			
G 225	<p>2. The policy titled "Assignment of Personnel" stated, "For home health aide and / or personal care attendant services, the registered nurse evaluates the patient's needs and plan of care. ... The registered nurse or therapist prepares written instructions."</p> <p>484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE</p> <p>The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law.</p> <p>This STANDARD is not met as evidenced by: Based on policy and clinical record review, observation, and interview, the agency failed to ensure the home health aide provided services according to agency policy and that were ordered by the physician for 1 (patient # 9) of 5 active clinical records reviewed with orders for a home health aide services, creating the potential for harm to all patients receiving home health agency services.</p> <p>The findings include:</p> <p>1. Clinical record #9, start of care 11/21/11, included a plan of care dated 3/20/12 with orders which state, "HHA [home health aide] to assist with personal care and transfers. Visits may last up to 8 hours Monday through Friday."</p> <p>A. During a home visit on 3/27/12 at 10:30 AM, patient #9 was observed in a hospital bed</p>			G 225			

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G 225	<p>Continued From page 28</p> <p>with half side rails up on both sides of the bed, an alternating low air loss mattress on the bed, an electric Hoyer lift, an electric wheelchair, a shower chair, and an elevated therapy mat. Employee E, a home health aide, indicated she used the electric Hoyer lift every other day, to move the patient from the bed to the electric wheelchair and to the therapy mat to assist the caregiver with the patient's exercises and utilized the shower chair every other day for bathing the patient. She indicated the Hoyer had been in the home for months, approximately October or November of 2011. Employee E also indicated that, at times, she and the caregiver pick up the patient, one arm and one leg each and carry the patient to the therapy mat for exercises. Employee E indicated she has never fed the patient. Only the patient's caregiver provides oral feedings. Employee E indicated she performs oral care every morning. She described the oral care provided by her for this patient. She produced pink oral swabs and a bottle of Biotene. She indicated she dips a swab into the Biotene liquid and then places it in the patient's mouth to allow the patient to suck the liquid from the swab. The employee said, "She swallows it." Employee E then read the back of the bottle out loud and stated, "It says to spit out."</p> <p>B. The plan of care beginning 3/20/12 failed to evidence orders for 1) the use of half side rails on the hospital bed; 2) the use of the Hoyer for transfers between surfaces; 3) the use of a shower chair; 4) an order for the aide to physically lift by means of a 2 man transfer with any individual; and 5) the aide to perform or assist any exercise program, the type of exercises - active or passive, independent or only with the</p>			G 225			

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G 225	<p>Continued From page 29</p> <p>assistance of another individual, the location, how often to be performed, and when to notify the nurse.</p> <p>C. The plan of care dated 3/20/12 stated the patient was on a regular diet. The comprehensive assessment dated 3/15/12 stated the patient was "NPO" and with "chewing / swallowing difficulties."</p> <p>D. The HHA assignment sheet dated 3/20/12 to 5/18/12 failed to evidence any instruction for transferring the patient between surfaces, the means to be used, mechanical or a lift by individuals and how many, the frequency of the transfers, any safety guidelines to prevent falls or injury to the patient and staff. The assignment evidenced instruction for the aide to "prepare and serve meals" to the NPO [nothing by mouth] patient. The assignment failed to evidence instruction for the use of Biotene and for the aide to offer it to the patient for the purpose of swallowing.</p> <p>2. The policy titled "Assignment of Personnel" stated, "For home health aide and / or personal care attendant services, the registered nurse evaluates the patient's needs and plan of care. ... The registered nurse or therapist prepares written instructions."</p>			G 225			
G 337	<p>484.55(c) DRUG REGIMEN REVIEW</p> <p>The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and</p>			G 337			

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G 337	<p>Continued From page 30 noncompliance with drug therapy.</p> <p>This STANDARD is not met as evidenced by: Based upon clinical record and policy review and interview, the agency failed to ensure the comprehensive assessment included a review of all the patient's medications at the at the start of care for 2 (patients 2 and 9) of 10 clinical records reviewed from the parent site and at recertification for 6 (# 1, 2, 3, 8, 9, and 10) of 10 clinical records reviewed of patients from the parent site with the potential to affect all of the 157 patients receiving services from the agency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Clinical record review # 1, start of care (SOC) 7/15/11, failed to evidence a medication review had been completed as part of the recertification comprehensive assessment for the certification periods beginning 9/13/11, 11/12/11, 1/11/12, and 3/11/12. During a home visit on March 23, 2012, at 4 PM, the patient reported verbally he / she had begun and added many oral herbal remedies to a daily supplement regime and had many medications discontinued since the SOC. 2. Clinical record review # 2, SOC 9/13/11, failed to evidence a medication review had been completed as part of the start of care comprehensive assessment dated 9/13/11, conducted by employee K; the recertification comprehensive assessment dated 11/8/11, conducted by employee H; and the recertification comprehensive assessments dated 1/6/12 and 3/9/12 conducted by employee A. 			G 337			

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G 337	<p>Continued From page 31</p> <p>On March 27, 2012, at 2 PM, employee G indicated the clinical record failed to evidence employees A, H, and K, completed a total review of the patient's medications as part of the comprehensive assessment.</p> <p>3. Clinical record review # 3, SOC 12/9/09, failed to evidence a medication review had been completed as part of the recertification comprehensive assessment dated 11/28/11, completed by employee H; the reassessment dated 1/24/12, completed by employee A; and the reassessment dated 3/23/12, completed by employee H.</p> <p>4. Clinical record review # 8, SOC 11/18/11, failed to evidence a medication review had been completed as part of the recertification comprehensive assessment for the certification period beginning 1/17/12 and 3/17/12.</p> <p>5. Clinical record review # 9, SOC 11/21/11, failed to evidence a medication review had been completed as part of the start of care comprehensive assessment dated 11/21/11, completed by employee H; the reassessment dated 1/19/12, completed by employee G; and the reassessment dated 3/15/12, completed by employee H.</p> <p>6. Clinical record review # 10, SOC 10/18/11, failed to evidence a medication review had been completed as part of the recertification comprehensive assessment for the certification period beginning 12/17/11 and 2/15/12.</p> <p>On 3/27/12 at 2:55 PM, employee G indicated</p>	G 337			

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G 337	<p>Continued From page 32</p> <p>there was not evidence in the clinical record of a review of all medications the patient was using to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy for the reassessments completed on 12/12/11 and 2/10/12.</p> <p>7. On March 28, 2012, at 10:35 AM, while reviewing the electronic medical records with the alternate administrator / alternate director of nursing, she indicated the computer program does not prompt the assessing nurse to complete a medication review as part of the comprehensive reassessment; she indicated the assessing nurse needs to check the box in response to the question on the program for the documentation to appear on the printed document, as a completed task and part of the comprehensive reassessments. She indicated the completion of the required task was dependent upon the knowledge and experience level of the registered nurse using the software program and if they understood the required task as part of the comprehensive reassessment.</p> <p>8. The policy dated May 2003 titled "Admission" stated, "3.0 Policy / Procedure ... 3.3 During the initial evaluation / assessment, the admitting professional ... 3.3.2.10 Checks all the medications the patient is currently using to identify any potential adverse side effects and drug reactions, significant side effects, significant drug interactions, duplicative drug therapy, and non compliance with drug therapy.</p>			G 337			

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G 337	Continued From page 33 9. The policy dated April 2004 titled "Medications" stated, "3.2.2.3 Staff reviews medications at least every 60 days and as part of the comprehensive assessment and an on going basis, The registered nurse and / or therapist assesses medications the patient is taking to identify ineffective drug therapy, potential adverse reactions, significant side effects and drug interactions, duplicative drug therapy, and non compliance with drug therapy."			G 337			